

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075829

FILED
Aug 08, 2005
Secretary of State

Entity Name: ALL COUNTY MEDICAL CONSULTANT, INC.

Current Principal Place of Business:

11760 SW 60 AVE
PINE CREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

11760 SW 60 AVE
PINE CREST, FL 33156

New Mailing Address:

FEI Number: 56-2461525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREIRA, REGINALD
11760 SW 60 AVE
PINE CREST, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREIRA, REGINALD
Address: 11760 SW 60 AVE
City-St-Zip: PINE CREST, FL 33156

Title: D () Delete
Name: GONZALEZ-ABREU, FRANCISCO
Address: 1321 NW 14 ST #302
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD PEREIRA

PD

08/08/2005

Electronic Signature of Signing Officer or Director

Date